

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032383

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4431

FILED AUG 28 1963

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF P. J. O'Connell MEDICAL CERTIFICATION

| | | | |
|--|---|---|----------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b 70 yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | d. STREET ADDRESS (If outside, give location) 3223 Holmes | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last AMALIE NEUHEUSER | | 4. DATE OF DEATH Month Day Year August 7 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-25-1876 |
| 9. AGE (last birthday) 87 | | 10. IF UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and state or country) Germany | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Joseph Anton | | 13b. MOTHER'S MAIDEN NAME Amalie Stehhe | |
| 14. NAME OF HUSBAND OR WIFE Edward Neuheuser | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Address Maria W. Spaeth 5545 Highland K.C. Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration, Vomiting & Diarrhea DUE TO (b) Acute Bacterial Pneumonia DUE TO (c) Acute Septicemia Septicemia & Intestinal Nephritis | | INTERVAL BETWEEN ONSET AND DEATH 2 wks 4 days 10 hrs 10 hrs 10 hrs | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 8/1-63 to 8/7-63 and last saw her alive on 8/7-63 | | Death occurred at 12:15 noon m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) P. J. O'Connell M.D. | | 22b. ADDRESS 4178 Cambridge K.C. Mo. | |
| 22c. DATE 8-10-63 | | 22d. DATE SIGNED 8/8-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| 23c. LOCATION (City, town, or county) Kansas City, Missouri | | 23d. DATE RECD. BY LOCAL REG. 8-8-63 | |
| 24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eyler 20 W. Linwood | | 25. REGISTRAR'S SIGNATURE R. R. Long | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Mr. P. J. O'Connell
4178 Cambridge

Jo 2-2120

[Signature]

APV8

1200

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

[Signature: Lloyd E. Dickmore]

Licensed Embalmer No. 5120

P. O. Address K E H. Inc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.